

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000082428 (9)
 1. Corporation Name
REED EXPORTS AND IMPORTS, INC.



Principal Place of Business: **5403 AVENUE SIMONE LUTZ FL 33549**
 Mailing Address: **5403 AVENUE SIMONE LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/07/1996	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-3403980	
24	Country	29	Country	5. Certificate of Status Desired	
25		30		Applied For	
				Not Applicable	
				6. Election Campaign Financing Trust Fund Contribution	
				\$8.75 Additional Fee Required	
				7. \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

ROHATGI, JAY
5403 AVENUE SIMONE
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	D ROHATGI, PATT L	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	5403 AVENUE SIMONE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	
	D ROHATGI, SANTU	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5403 AVENUE SIMONE	2.2 NAME	
CITY-ST-ZIP	LUTZ FL 33549	2.3 STREET ADDRESS	
	D ROHATGI, JAY	2.4 CITY-ST-ZIP	
STREET ADDRESS	5403 AVENUE SIMONE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	LUTZ FL 33549	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)

04-20-98 813-948-9429